

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 4/18/13 B.M.  
PCB 2007-095  
Felipe Gomez  
Law Office of Felipe N. Gomez  
116 S. Western Ave. - #12319  
Chicago, IL 60612

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X F. Gomez ☐ Agent ☒ Addressee

B. Received by (Printed Name) F. Gomez C. Date of Delivery MAY 23 2013

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

MAY 23 2013

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7011 0110 0001 8270 3943

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540